APPLICATION DATA SHEET

APPLICATION INFORMATION

Application	
Application number::	
Filing Date::	
Application Type::	Regular
	(371 National Entry)
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	YES - Sequence Listing Transfer
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHODS FOR DIAGNOSIS AND
	PROGNOSIS OF CANCERS OF EPITHELIAL
	ORIGIN
Attorney Docket Number::	701039-054482
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	7
Small Entity?::	Yes

Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent App.?::	No

APPLICANT INFORMATION

7	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
	Tull capacity
Circum N	
Given Name::	Marsha
Middle Name::	Α.
Family Name::	Moses
ramer,	Moses
Name O. E.	
Name Suffix::	
City of Residence::	Brookline
State or Province of Residence::	MA
beace of frounce of Residence	TIA .
Country of Residence::	US
Street of mailing address::	64 Dean Road
City of mailing address::	Brookline
erey or marring address	BIOOKIINE
State or Province of mailing	
address::	AM
Country of mailing address::	US
ounder of marring address.	
Postal or Zip Code of mailing	
	· · · · · · · · · · · · · · · · · · ·

Inventor	
Inventor	
Inventor	
IN	
Full capacity	
Roopali	
Roy	
Attleboro	
AM	
US	
300 O'Neil Blvd., Apt#6	
Attleboro	
MA	
US	
02703-5121	
0828	
avid S. Resnick	
IXON PEABODY LLP	

Street of mailing address::	100 Summer Street
City of mailing address::	Boston
State or Province of mailing	
address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing	
address::	02110-2131
Phone number::	(617) 345-1000, X6057
Fax number::	(617) 345-1300
E-Mail address::	dresnick@nixonpeabody.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	50828

OR

Representative	Registration	Representative Name::
Designation::	Number::	
Attorney of Record	30,628	Ronald I. Eisenstein
Attorney of Record	34,235	David S. Resnick
Agent	L0207	Leena H. Karttunen
Agent	58,109	Candace M. Summerford
Attorney	30,727	Michael L. Goldman

DOMESTIC PRIORITY INFORMATION

Application::	Continuity	Parent Application::	Parent Filing
	Type::		Date::
This application	371	PCT/US2005/000714	01/10/2005
	National		
·	Stage of		
PCT/US2005/000714	An	60/535,306	01/09/2004
	application		
	claiming		
	the benefit		
	under 35		
	USC 119(e)		

FOREIGN PRIORITY INFORMATION

Country::	Application	Filing	Priority Claimed::
	number::	Date::	

ASSIGNEE INFORMATION

Assignee name::	Children's Medical Center
	Corporation
Street of mailing	
address::	55 Shattuck Street
City of mailing	
address::	Boston
State or Province of	
mailing address::	MA
Country of mailing	
address::	US
Postal or Zip Code of	
mailing address::	02115

Date: 7/08/07

Respectfully schmitted,

David S. Resnick (Reg. No. 34,235)

Candace M. Summerford (Reg. No. 58,109)

NIXON PEABODY LLP 100 Summer Street Boston, MA 02110 (617) 345-6057